

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576718

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4						
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12						
13	/					
14		/				
15		/				
16		/				
17		/				
18		/				
19	/	/				
20	/					
21						
22						
23						
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32						
33						
34	/					
35						
36						
37						
38		/				
39		/				
40	/					
41	/	/				
42	/					
43		/				
44		/				
45		/				
46		/				
47		/				
48						
49						
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	39					